10-12-00

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PTO/SB/50 (08-00)
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## REISSUE PATENT APPLICATION TRANSMITTAL

		وه						
Address to:	Attorney Docket No.	11738.00001						
Assistant Commissioner for Patents	First Named Inventor	Torgerson 5.820.589						
Box Reissue	Original Patent Number							
Washington, DC 20231	Original Patent Issue Date (Month/Day/Year)	10/13/98						
	Express Mail Label No.	EM461378812US						
APPLICATION FOR REISSUE OF: (Check applicable box)  XX  Utility Patent	Design Patent	Plant Patent						
APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS							
1. XX Fee Transmittal Form (PTOI SBI 56) (Submit an original, and a duplicate for fee processing)  2. Applicant claims small entity status. See 37 CFR 1.27.	7. Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).  8. XX. Original U.S. Patent for surrender  Ribboned Original Patent Grant							
3. XX Specification and Claims in double column copy of patent	Statement of Los	s (PTO/SB/55)						
format (amended, if appropriate)  4. [XX] Drawing(s) (proposed amendments, if appropriate)	9. Foreign Priority Claim (35 U.S.C. 119) (if applicable)  10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations  11. English Translation of Reissue Oath/Declaration							
Reissue Oath/Declaration (original or copy)  5. XX (37 C.F.R. § 1.175) (PTO/SB/51 or 52)								
6. Original U.S. Patent currently assigned?								
VV Yes No	(if applicable)							
XX res [] No	12. Preliminary Amendment							
(If Yes, check applicable box(es))	Return Receipt Postcard (MPEP 503)  (Should be specifically itemized)							
Written Consent of all Assignees (PTO/SB/53)	14. Other:							
XX 37 C.F.R. § 3.73(b) Statement XX Power of								
(PTO/SB/96)								
(10/05/30)								
15. CORRESPONDENCE AD	DRESS							
Customer Number or Bar Code Label  (Insert Customer No. or Attach bar code label here)  or XX Correspondence address below								
Scott A. Burow, Esq.								
Name BANNER & WITCOFF LTD.  10 South Wacker Drive, Suite	3000	-						
Address								
City Chicago State	TL Zip Code	60606						
Clifeago		12-715-1234						
NAME (PrintType) Scott A. Burow, Esq.	· · · · · · · · · · · · · · · · · · ·	2,373						
Signature	Date I	10/11/01						

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 11738.00001					
Claims as Filed - Part 1											
Claims in		. Number Filed in (		(3)	Small E	ntity		Other than a S	Small Entity		
Patent		Reissue	Application		nber Extra	Rate	Fee		Rate	Fee	
(A) 8	Total Claims (37 CFR 1.16(j))	(B) 3	32	***	12 =	x=		or	x.\$18 <sub>=</sub>	\$ 216.00	
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 5		•	4 =	× \$=			×\$=	\$320.00	
Basic Fee (37 CFR 1.16(h)) \$ \$710.00_											
Total Filing Fee \$ OR \$ 1,246.00											
			Claims	s as Ar	mended - P	art 2					
	(1)		(2)		(3)	Small E	Entity	Other than a Small Entity			
	Claims Remaining		Highest Nur		Extra	Rate	Fee	$\neg$	Rate	Fee	
	After Amendment		Previous Paid Fo	•	Claims Present	11010	100		Itale	'66	
Total Claims (37 CFR 1.16(	n ***	MINUS	**		* =	x\$=			×\$=		
Independent Claims (37 CFR 1.16	***	MINUS	****		=	×\$=			×\$=		
					Total A	dditional Fee	\$		OR	\$	
* If the entry in (D) is less than the entry in (C), Write "0" in column 3.											
** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.											
*** After any ca	ancellation of claims.										
**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).											
***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).											
Applicant claims small entity status. See 37 CFR 1.27.											
Please charge Deposit Account No in the amount of  A duplicate copy of this sheet is enclosed.									. <u>.                                   </u>		
The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No											
·	n the amount of \$1_			to co	wer the filir	ıa / additional	faa is an	rlasor	ı		
	by credit card. Form PT			10 0	J461 016 1111	ig / additional	100 13 011	010300	•		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.											
10/11/00 Date Signature of Applicant, Attorney or Agent of Record  Scott A. Burow, Esq.  Typed or printed name											

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## CERTIFICATE OF MAILING BY "EXPRESS MAIL" (PATENT)

Express Mail No. <u>EM461378812US</u>

Deposited October 11, 2000

I hereby certify that the attached correspondence, identified below, is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" under 37 CFR § 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, BOX PATENT APPLICATION Washington, D.C. 20231.

(person actually depositing)

In the Application of: TORGERSON

Serial No.:

Filing Date:

For: REISSUE APPLICATION FOR UNITED STATES PATENT 5,820,589

- (X) Reissue Patent Application Transmittal in duplicate
- (X) Reissue Application Fee Transmittal Form
- (X) Executed Combined Declaration, Power of Attorney and Written Assent of Assignee (4 sheets)
- (X) Reissue Application for United States Patent 5,820,589 (14 pages/32claims, 5 independant) w/ Drawings (3 pages)
- (X) Executed Certificate of Ownership of Patent
- (X) Executed Offer to Surrender and Return Original Patent
- (X) Original United States Patent 5,820,589

Attorney Docket No: <u>11738.02592</u>